

Poll Worker Application

(Please print clearly in ink)

1. _____
First Name Middle Last Name

2. _____
Address City Zip Code

3. _____
Mailing Address (If different than above)

4. _____
Home Telephone # Cell Phone #

5. _____
Social Security # (Mandatory)

6. Are you a Registered Voter? ☐ Yes ☐ No

7. Have you ever served as an Election Board Worker? ☐ Yes ☐ No

8. Would you accept assignment to another town in your county?
(if you checked yes, please list below what town(s) you prefer)

9. State the Political Party to which you belong? _____

10. Do you speak any other language in addition to English?
If so what language(s)? ☐ Yes ☐ No

Signature

Date

Please mail or fax completed form to:

Atlantic County Board of Elections
Historic Court House Complex
5903 Main Street
Mays Landing, NJ 08330
Tel: 609 645-5867
Fax: 609 645-5875